

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

DATE OF REPORT 2.a. NAME OF CA	ANDIDATE OR COMMITTEE
10/1/10 Faisuds 7	1 75 0
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE
JEFF BROWN	August 5, 2010
4.a. CAMPAIGN ADDRESS AND PHONE	O .
Street or Rural Route City	State Zip Code Phone
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)	TN 37406 423-902-2441
Street or Rural Route City	State Zip Code Phone
5. OFFICE SOUGHT (include district number, if applicable)	6. NAME OF POLITICAL TREASURER (may be candidate)
7. CAREGORY OR REPORT (Check one)	Justin KEDLEN
FIRST SECOND THIRD FOURTH QUARTER QUARTER QUARTER	PRE- PRE- MID-YEAR YEAR-END PRIMARY GENERAL SUPPLEMENTAL SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD	8.b. ENDING DATE OF REPORTING PERIOD
7/27/10	9/30/10
9. (Check dne)	
 a.	se contributions (including in-kind) received total \$1,000 or less AND expendi-
	osure because contributions (including in-kind) received total more than \$1,000
and/or expenditures total more than \$1,000 for this report	ting period.
10. If we do solemply swear or affirm that the information contained	in this compaign financial disclaration
accurate accounting of campaign contributions and expenditure	d in this campaign financial disclosure report is true and that this report is an is required to be reported by the candidate committee by the Campaign
Financial Disclosure Act. Additionally, I/we swear or affirm that benefit of the candidate or for any other nonpolitical purpose as	no campaign contributions have been expended for the personal financial
24.4 A 2	defined by the redefal internal revenue code.
a///up 10/1/10	Aut Kall-
signature of candidate date	signature of political treasurer
/ V	
11. WITNESS SIGNATURE	
10/1/10	Showar 10/1/11
signature of witness date	signature of witness date
12 CHMMADV	
12. SUMMARY	1/00
a. BALANCE ON HAND LAST REPORT	\$ <u>15.48</u>
b. TOTAL RECEIPTS THIS PERIOD	s 147.66
c. TOTAL DISBURSEMENTS THIS PERIOD	s 168.64
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	
T0711 10110 01707	11/1 2 16
e. TOTAL LOANS OUTSTANDING	\$ 1462,18
f. TOTAL OBLIGATIONS OUTSTANDING TIND 1 13	S
00.0110 = ==	



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)		14. REPORT COVERING THE PERIOD						
JEST BROWN		FROM: 7 27 10 TO: 9 30 10						
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)								
a. Unitemized Contributions (\$100 or less from each source this period)\$\$								
b. Itemized Contributions (over \$100 from each source this period)\$								
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)\$								
16. LOANS RECEIVED THIS REPORTING PERIOD\$								
17. INTEREST RECEIVED THIS REPORTING PERIOD								
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)								
DISBURSEMENTS								
19. EXPENDITURES (other than loan payments)								
a. Expenditures (\$100 or less each payee this period) (must be list	ted by category - e	e.g., printing, postage, gasoline)						
GASOLIVE	\$ 53.0	0_						
WESSITE	\$ 45.00)						
Sumlies	\$ 27.8	2						
Back Charges								
	\$							
	\$							
	\$							
	. Ψ							
	. Ψ							
	,							
Total of Expenditures (\$100 or less each payee)		\$ 130.82						
b. Itemized Expenditures (Over \$100 each payee this period)		\$						
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a	a. and 19.b.)	\$ 130.82						
20. LOAN REPAYMENTS MADE THIS PERIOD		\$ 37.82						
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)								
22.IN-KIND CONTRIBUTIONS								
a. Unitemized in-kind contributions (\$100 or less from each source this period)\$								
b. Itemized in-kind contributions (over \$100 from each source this period)\$								
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)\$								
23. OBLIGATIONS								
a. Unitemized Obligations Outstanding (\$100 or less each)		\$						
b. Itemized Obligations Outstanding (Over \$100 each)		\$						
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)\$								

SS-1133 (Rev. 4/02)

Page <u>2</u> of <u>7</u>

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVER	ING THE PERIOD
JEST BROWN	FROM: 7 27 16	TO: 9/30/10			
	Amount				
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTI	age)	0			
4. COMPLETE THE APPROPRIATE ITEMS FOR EA	CH ITEMIZ	ED CONTRIBUTION (contributions totaling more than \$	100 from any contributor	
First Name	Middle Name	9	Contribution Received For:	Amount of Contribution	
Last Name/Organization Name			Primary Election	General Election	
Last Name/Organization Name			La comary Elocation	g Gorioral Eloopori	
Address		Runoff (Local Election	s Only)		
	0		Data of Cashibutian		
City	State	Zip Code	Date of Contribution	Aggregate This Election	
Occupation					
· ·					
Employer					
First Name	Middle Nam	ne	Contribution Received For		Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	
Lest Marie/Organization Marie			La Filliary Election	_ General Election	
Address			Runoff (Local Election	ns Only)	
		T			
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation	1		+ .		
Employer	- HANNING TO BE SHOWN				
First Name	Middle Nam	ie	Contribution Received For	*	Amount of Contribution
			70 15		
Last Name/Organization Name		Primary Election	General Election		
Address			Runoff (Local Electio	ns Only)	
Address					
City	State	Zip Code	Date of Contribution		Aggregate This Election
	State	Zip Code	Date of Contribution		Aggregate This Election
City Occupation	State	Zip Code	Date of Contribution		Aggregate This Election
	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation	State Middle Nan		Date of Contribution Contribution Received For:		Aggregate This Election Amount of Contribution
Occupation Employer First Name			Contribution Received For:		
Occupation Employer			Contribution Received For:	☐ General Election	
Occupation Employer First Name Last Name/Organization Name			Contribution Received For:		
Occupation Employer First Name			Contribution Received For:		
Occupation Employer First Name Last Name/Organization Name			Contribution Received For:		
Occupation Employer First Name Last Name/Organization Name Address City	Middle Nan	me	Contribution Received For. Primary Election Runoff (Local Election		Amount of Contribution
Occupation Employer First Name Last Name/Organization Name Address	Middle Nan	me	Contribution Received For. Primary Election Runoff (Local Election		Amount of Contribution
Occupation Employer First Name Last Name/Organization Name Address City	Middle Nan	me	Contribution Received For. Primary Election Runoff (Local Election		Amount of Contribution
Occupation Employer First Name Last Name/Organization Name Address City Occupation	Middle Nan	me	Contribution Received For. Primary Election Runoff (Local Election		Amount of Contribution
Occupation Employer First Name Last Name/Organization Name Address City Occupation	Middle Nan	me	Contribution Received For. Primary Election Runoff (Local Election		Amount of Contribution
Occupation Employer First Name Last Name/Organization Name Address City Occupation Employer	Middle Nan State	zip Code	Contribution Received For. Primary Election Runoff (Local Election		Amount of Contribution

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COI	MMITTEE		2. REPORT COVERING THE PERIOD FROM: 7 27 16 TO: 9 30 16				
	TRIBUTIONS FR	OM PRECEDING PAGE /		Amount			
TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)							
First Name		le Name	In-Kind Contribution Received For: Primary Election General Election	Value of In-Kind Contribution			
Last Name/Organization Name			Runoff (Local Elections Only)				
Address			Date of In-Kind Contribution Aggregate this Election				
City	State Zip Code		Description of In-Kind Contribution				
Occupation	Employer						
First Name	Midd	le Name	In-Kind Contribution Received For:	Value of In-Kind Contribution			
Läst Name/Organization Name			Primary Election General Election	Value of its family ownered the			
Cast Harrist Olyanization Hallie			Runoff (Local Elections Only)				
Address			Date of In-Kind Contribution	Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution				
Occupation	Employer	4					
First Name	Midd	ile Name	In-Kind Contribution Received For: Primary Election General Election	Value of In-Kind Contribution			
Last Name/Organization Name			Runoff (Local Elections Only)				
Address			Date of In-Kind Contribution	Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution				
Occupation	Employer						
First Name	Midd	lle Name	In-Kind Contribution Received For: Primary Election General Election	Value of In-Kind Contribution			
Last Name/Organization Name			Runoff (Local Elections Only)				
Address			Date of In-Kind Contribution	Aggregate this Election			
City	State Zip Code		Description of In-Kind Contribution	1			
Occupation	Employer	1					
	ala de la company de la co						
First Name	Middle	e Name	In-Kind Contribution Received For: Primary Election General Election	Value of In-Kind Contribution			
Last Name/Organization Name			Runoff (Local Elections Only)				
Address			Date of In-Kind Contribution	Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution				
Occupation	Employer						
5. TOTAL ITEMIZED IN-KIND CO	NTRIBUTIONS						
(Carry forward to item 3, of next page if a (if this is the last page of in-kind contribut	ditional pages of this t						
SS-1128 (Rev. 2/06)	end, what conscient micst	ee anamin meni zzu. Ui summary	Page U of 7	RDA 1159			

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVER	TO: 9 30 10				
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	E (enter \$0 if first itemized no	1	Amount			
4. COMPLETE THE APPROPRIATE ITEMS FOR E					iod)	
First Name	Middle Nar		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	·	1				
Address			1			
City	State Zip Code					
First Name	Middle Nar	me	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name	I		1			
Address			-			
City	State	Zip Code				
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address	Address					
City	State	Zip Code				
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name			1			
Address			1			
City	State Zip Code		1			
First Name	ne Middle Name				Amount of Expenditure	
Last Name/Business Name						
Address		7	1			
City	State	Zip Code]			
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)						

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE						2. REPORT COVERING THE PERIOD				
JEH BROWN						FR	ROM:	.	TO: 12 1	
3. COMPLETE THE APPRO	PRIATE ITEMS	FOR EACH I	ITEMIZ	ZED LOAN	(loans totaling m	nore than \$100) from any source	eduring the p	eriod)	7/30/10
Complete the Following for the S	ource of the Loan									
First Name	Middle Name			Outstanding Loan Balance Loans (Beginning of Period) Received		100	Loan Payments		Outstanding Loan Balance (End of Period)	
Last Name/Organization Name										
Address Loa			Loan Receiv	eived For: Date of Loan						
Cit				☐ Primary	imary Election General Election					
City		Zip Code			(Local Elections				T. T	
	List All Endo	orsers or Guara		or Above Loa	ALL DESCRIPTION OF THE PARTY OF	ce is needed	d please attach	a page)		
First Name		Middle Name	е		First Name				Middle N	ame
Last Name/Organization Name					Last Name/Org	anization Nan	ne			
Address				***************************************	Address		Processor Management and another described			
City		State	Zip C	ode	City				State	Zip Code
Amount Guaranteed Outstanding					Amount Guaranteed Outstanding					
First Name	First Name Middle Name				First Name Middle Name					ame
Last Name/Organization Name					Last Name/Organization Name					
Address					Address					
City	City State Zip C			ode	City State Zip Co				Zip Code	
Amount Guaranteed Outstanding					Amount Guaranteed Outstanding					
First Name Middle Name				First Name Middle Name						
Last Name/Organization Name					Last Name/Organization Name					
Address					Address					
City State Zip C			Zip Co	ode	City	***************************************			State	Zip Code
Amount Guaranteed Outstanding					Amount Guaranteed Outstanding					
First Name		Middle Name)		First Name Middle Name					
Last Name/Organization Name				Last Name/Organization Name						
Address				Address						
City		State	Zip Co	ode	City	· · · · · · · · · · · · · · · · · · ·			State	Zip Code
Amount Guaranteed Outstanding					Amount Guaran	teed Outstand	ling	**************************************		
4. Totals for all Loans (complet					Outstanding Lo		Loans	Loa		Outstanding Loan Balance
(Total loans received should also be shown in item 16. on summary page.) (Total loan payments should also be shown in item 20. on summary page.)				(Beginning o		Received	Paym		(End of Period)	
(Total outstanding loan balance should also be shown in item 12.e. on front page.)					1500.	00	0,	137.	82	1462.18